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# Grieving the Loss of a Partner: The Ways of Isolation A Hermeneutic Experience

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GRIEVING THE LOSS OF A PARTNER: THE WAYS OF ISOLATION  
A HERMENEUTIC EXPERIENCE

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Submitted in partial fulfillment of  
the requirement of  
Master of Social Work

AUGSBURG COLLEGE  
MINNEAPOLIS, MINNESOTA

1999



MASTER OF SOCIAL WORK  
AUGSBURG COLLEGE  
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CERTIFICATE OF APPROVAL

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## ABSTRACT

### GRIEVING THE LOSS OF A PARTNER: THE WAYS OF ISOLATION A HERMENEUTIC EXPERIENCE

NICHOLE M. YAGER

JUNE 7, 1999

This hermeneutic, qualitative study was undertaken to find out what the lived experience has been for one woman who lost her partner. Hermeneutics is an interpretive approach to looking at everyday experiences and uncovering what is usually hidden from us. Theorists have developed many frameworks to apply to the bereaved person. They try to explain how the loss will affect those who suffer a loss. This study attempted to capture what this experience was like for one bereaved person, what her thoughts and feelings were while living the experience and how this experience has changed her life. The participant lost her partner 13 years ago, however, the interview revealed that the experience is never far from her daily life. The use of the hermeneutic research method allowed the researcher to engage in a process with the participant; the researcher both shapes and is shaped by the experience. Implications for social work practice are discussed in this study.

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## CHAPTER ONE

### INTRODUCTION

This chapter introduces you to the background of the problem, gives the statement of the problem, details the purpose and significance of the research study, states the research question and situates the researcher's interest in the problem.

#### Background of the Problem

There are approximately 2 million deaths per year in the United States, with each individual death affecting from eight to ten family members, for a total of 16 to 20 million new mourners each year (Rando, 1993). Many of those who die leave behind a spouse or partner. Death is an inevitable part of human experience and in our society the loss of one who we love brings incredible emotional pain and grief. If it is a natural part of the life cycle then why is it so painful for the survivors?

One of the reasons the death of a loved one is painful is because a death brings about the loss of a human relationship. Beverly Raphael, a well-known scholar on grief, says that "the most intimate and intense relationships are those that are associated with the greatest grief when they are lost" (Raphael, 1983, p.4). Relationships develop over time, and people begin to trust one another, they depend on one another and eventually a bond forms between the two individuals. She states that when people, particularly spouses and partners, spend time with one another they begin to relate to one another similarly, they engage in self-disclosure, exploration, intimacy, acceptance and adaptation, and they fulfill certain roles for one another (Raphael ). The couple develops an attachment to one another. Raphael goes on to say that because of the self-disclosure, closeness and trust that forms between the couple that eventually a person's self-identity, and even self-worth, is wrapped around that relationship. Each individual in the couple accepts their partner unconditionally, both the good and bad qualities. If the couple has been together for any

amount of time then they have more than likely shared in each others' personal growth and change. When one of them dies, the bereaved partner is going through new personal growth and change, alone, and without their partner. They have offered support and encouragement to one another and have perhaps even challenged one another. Suddenly, the person they have shared everything with is not there to share the most difficult thing to experience. This closeness and attachment shared is one of the primary reasons that the death of a partner is so painful for those left behind.

### Statement of the Problem

This research study addresses the question of what it was like for an individual to have lost her partner. The purpose of the study is to describe the lived experience of a bereaved spouse and to understand the meaning of losing a partner. While researching the area of grief/ bereavement one can find many models and theories that try to explain the process of grief. Many of these explain the process as moving through stages, steps or achieving different tasks. All theorists agree that the process is not a linear one, but rather, that people move back and forth between the stages. Theorists, in general, also agree that the process is very individualistic. In this study I attempt to try to understand the lived experience against the backdrop of theories, to capture what this experience has been like for the participant, what her thoughts were while living the experience, what helped her through the process and how, if at all, she has been changed.

### Purpose and Significance of the Research Study

This study offers a unique perspective of one person's personal experience of having lost her partner. The study looked for the meaning and lived experience of having lost a partner. The hermeneutic method of research lends itself to study this problem because it "provides interpretations of everyday human lived experiences in order to more fully understand their richness and complexity" ( Baker, Norton, Young, and Ward, 1998,



p. 549). Using the hermeneutic research method allowed me to be in relation with the participant and will allow other social work practitioners who read this study to have the same closeness. The significance of this study is that I, as well as other practitioners, will be able to examine along with the participant what her experience of losing her partner was like for her. In addition, I am able to understand the experience better than I did before.

### The Research Question

The research question was “What does it mean to have lost your partner?” The main question that was asked of the participant was “Tell me what it means to have lost your partner?” There was also a list of several prompts that were used during the interview to assist in probing deeper. They include: What stands out for you? For instance? Tell me more about that. This is what I am thinking...what does it mean to you? Tell me a time that you remember feeling like you were going to make it through this? Can you clarify that? Tell me a time that comes to mind to you that evokes having lost your partner? What stands out for you in this instance? What does it mean to you? What was it like for you to have had this experience?

### The Researcher's Background

As stated earlier, this research study utilizes a research methodology called hermeneutics. Part of the hermeneutic methodology is the belief that each person has their own “background”; a way of understanding the world. This background is a person's history and culture that is shaped from birth. It is inherent that my background will impact how I interpret this research study participant's lived experience of having lost her partner. It is therefore important for the readers of this study to know who I am in relation to the culture of bereaved spouses.

This study is conducted from the perspective of a White, middle-class, twenty-nine year old female who has not yet married. I am near completion of a Master's in Social

Work degree program. My first field work rotation in a hospital setting was my first in-depth exposure to grief work and bereavement as a practitioner. During this internship I was able to observe a grief support group on several occasions and that experience has left an indelible mark on me both professionally and personally. During one session I observed a young woman. She lost her husband suddenly; they had been high school sweethearts and had two small children when he died. I have never forgotten the anguish and despair that was depicted on her face or the sounds she made while trying to tell the group about her loss. This experience laid the groundwork for my professional interest in the topic of grief and bereavement.

My personal interest in the study of bereavement, especially around the death of a spouse, is that of a grand-daughter of a man who lost his wife after 13 years of marriage. My grandfather and grandmother were both thirty-three years old when she died of a heart attack. When my grandmother died she left behind a husband and three small children. This loss experience has always been present in my life through stories told and memories shared by both my grandfather and my mother. My grandfather still cries at times when talking about my grandmother. He is crying, I presume, for the loss of their dreams and hopes that they shared in planning a life and family together. A second personal reason for my interest in the lived experience of losing a spouse is that of a person who is months away from getting married. My fiancé and I also share many hopes and dreams of a married life together. After only two years of being together I can already see that part of my self-identity is wrapped-up into the relationship with my fiancé and the feeling of being part of a “couple”. Thus, I am familiar with the grief of spousal loss through watching others work through their losses, rather than having experienced such a loss myself.

### Summary

This chapter reviewed the background of grief, the research interest in bereaved spouses, the purpose and significance of the research study, the research questions asked of the participant and the researcher's background. The next chapter is a review of the literature related to grief and bereavement.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

In this literature review definitions of terms used in the grief literature will be described. A brief historical perspective is presented on how grief was handled in the past. Theoretical frameworks of grief and attachment are identified and discussed. In addition, there is an examination of gender and how it impacts mourning.

#### Definitions of Terms

As one is searching the literature the terms loss, grief, bereavement and mourning seem to be used almost interchangeably. What exactly do they each mean?

Loss-- Rando (1993) describes loss in two categories: physical loss and psychosocial loss. Physical loss refers to tangible losses, for instance the loss of a house, the loss of a body part, as well as the loss of a loved one. In addition, Rando (1993) says that there are secondary - losses which always accompany a physical loss. With the death of a loved one, the mourner is experiencing many other losses in addition to the loss of the physical being. This is in part, more than likely because the deceased filled many different roles, such as friend, companion, lover, and now all are lost as well. Psychosocial losses, also called symbolic losses, are those that are intangible, such as a divorce, loss of a job, and shattered dreams.

Bereavement-- This refers to the state of having suffered a loss. It is the response or reaction to the death of another as well as the subsequent grief response.

Grief-- This is the process of experiencing the psychological, behavioral, social and physical reactions to the perception of loss (Rando, 1993). Grief includes the whole

loss of the relationship and all of the dreams that go along with it. Rando says that there are five clinical implications to grief: (1) grief is experienced psychologically, behaviorally, socially and physically (2) grief is a continuing development, with many changes (3) grief is a natural, expectable reaction (4) grief is dependent upon the individual's unique perception of the loss and (5) based upon the unique, individualistic perception of loss by the griever it is not necessary to have the loss recognized or validated by others for the person to experience grief. Acute grief can last for a number of months, if not longer.

Grief is a complicated process and it is not always affiliated just with death. It is important to note that there is also grief when there is a loss of any "love object" (Parry, 1994, p. 97). For the purpose of this literature review, however, I am looking at grief in the context of a physical loss due to death and all the attendant psychosocial losses that ensue.

Mourning -- Mourning has typically been defined as the cultural or public display of grief through one's behaviors.

#### Historical Perspective

Over time we have become removed from death and its' process. Rando (1993) says that we have lost our systems of support which are essential in the grieving process. In addition, many people are still frightened by death.

Historically, people experienced grief early and often in their lives. Now death is almost viewed as an exception and in some cases taboo. This is demonstrated by the change in practice of where people used to die in their homes and the wake would be held in the families living room. Now the body is sent to a funeral home and make-up is put on the deceased. Death was viewed as a part of the natural life cycle. In the past, children were exposed to death and dying as part of that natural life cycle, but now we try to shield them from it (Cable, 1998). Cable states that children are often excluded from the rituals of

saying good-bye. “Even if they experience the death of a pet goldfish, we immediately replace it so they will not be sad. Thus the child grows into an adult who has never learned what the process of grieving is really like” (Cable, 1998, p. 63). Another difference is that people used to be rooted in a community so when death occurred the impact was felt by all community members (Cable, 1998). People pitched in to support the mourners often for an indefinite length of time. Now people want the mourners to grieve in private and to move on, because, for many of us death and grief are uncomfortable and it can remind us of our own immortality. Cable says that this is demonstrated by the statements that are made to the bereaved, such as, *You are doing so well*, and *You have to be brave for the children*.

### Grief

Normal grief has many common characteristics. There is a well known study done in Coconut Grove, Boston, by Lindemann (1944) that details the somatic characteristics of grief. He talks about five “points”: (1) somatic distress, (2) preoccupation with the image of the deceased, (3) guilt, (4) hostile reaction and (5) loss of patterns of conduct. Somatic distress can include tightness in the throat, feeling of choking, shortness of breath, an empty feeling in the abdomen and lack of muscular power (Lindemann, 1944). Lindemann found many of the bereaved experienced a “sense of unreality” including visions of the deceased and the feeling that the deceased was somehow present with them in a room. The bereaved often felt an enormous amount of guilt over the loss. Many felt that they should have somehow been able to prevent the death from occurring. Some felt guilt over an event that may have preceded the death, for example, a fight or argument that may have taken place before the death. Lindemann also noted that the bereaved exhibit a “loss of warmth in relationship to other people” (Lindemann, 1944, p. 142). They described being irritable and angry with others, even family members that were trying to offer support. Lastly, the

bereaved person “clings to the daily routine of prescribed activities, but the activities are not automatic, but have to be carried on with effort. The bereaved is surprised to find how large a part of her/his customary activity was done in some meaningful relationship to the deceased and has now lost its significance” (Lindemann, 1944, p. 143).

Other grief theorists describe feelings of anxiety, sadness, anger, loneliness, difficulty sleeping, depression, hostility, restlessness and a yearning for the deceased in addition to Lindemann’s five points (Attig, 1996; Rando, 1984; Parkes, 1972; Raphael, 1983).

There are several variables that will affect how a person moves through the grieving process/ tasks (Doka, 1998). Rando states that if some of these ‘other variables’ are not addressed than the normal progression of grief can develop into what is called complicated grief. Rando states that complicated grief can occur when either of two categories are met. The first category includes factors associated with the type of death: sudden, unexpected death, death from an overly lengthy illness, loss of a child and the mourner’s perception of the death as preventable (Rando, 1993). The second category consists of variables that were in place before the death occurred: the pre-death relationship was angry or ambivalent or dependent, and the mourner’s perceived lack of social support (Rando). Depending on these variables, grief can become unresolved. Rando (1984) names four forms of unresolved grief: (a) Delayed grief occurs when the bereaved person puts off, for any number of reasons, dealing with their grief. It can later be triggered by another event or loss that they may experience (b) Conflicted grief occurs when the relationship with the deceased has been stressful and tenuous; guilt is often associated with conflicted grief (c) Chronic grief is when the “mourner continuously expresses intense grief reactions that would be appropriate in the early stages of loss” (Rando, 1984, p.61) and

(d) Unanticipated grief is when the death is sudden and there has been no warning or preparation for the loss, for example in the case of a murder; there is a lot of difficulty in accepting the loss with this form of grief. For those spouses who die at a young age the bereaved are burdened with the added dimension of grieving what the future could have held and all of the unrealized dreams (Raphael, 1983).

Hogan, Morse and Tason (1996) disagree with this perspective. They state that none of these other variables matter or need to be taken into consideration. That despite these other factors the process of bereavement follows a consistent overall pattern (Hogan, Morse and Tason, 1996).

As stated earlier, one must look at the nature of the loss, the relationship and attachment to the deceased, the extent of, and response to, prior loss, the personality of the bereaved, other variables such as health, lifestyle, and stress management, and social variables including age, gender, developmental level, social class, cultural and religious beliefs and practices, family and external and internal support ( Rando, 1984). One example of age and grief is given to us in a study by Parkes and Weiss (1983) in which they report that younger widows suffer more psychological problems while older widows have more physical complications.

#### Theoretical Frameworks of Grief and Attachment

There have been many theories developed to outline the process and tasks that mourners will experience including Freud, Bowlby, Kubler-Ross, Lindemann, Parkes, Raphael, Rando.

Perhaps the most well known are the five stages that Elizabeth Kubler-Ross (1969) described: denial and isolation, anger, bargaining, depression, and acceptance. Although these stages were first developed for the dying person they are also frequently used to identify the grief individuals experience after a loss. Kubler-Ross says that denial is a way



for a grieving person to absorb the shock of the death and gives the griever time to collect themselves so they can physically and emotionally handle the upcoming events. Anger takes over when the griever can no longer deny the loss. "Anger [can be] displaced in all directions and projected onto the environment at times almost at random" (Kubler-Ross, 1969, p. 44). Bargaining is exhibited when behaviors are undertaken to avoid grieving. Depression occurs when the grieving person is allowed to express their sorrow over the loss. Acceptance happens after the loss is mourned and the griever can begin to look forward again.

Bowlby (1960, 1961) presents a three stage theory: (1) initial mourning in which the individual experiences repeated disappointment, persistent separation anxiety, and grief; (2) disorganization of personality, accompanied by pain and despair; and (3) reorganization which is, in part, connection with the lost object and, in part, connection with a new object or objects.

Lindemann (1979) says that grief has three significant components: (1) the acceptance of the painful emotions involved; (2) the active review of a variety of experiences and events shared with the lost person; and (3) the gradual development of new relationships that can replace some of the functions the deceased fulfilled.

Research by Parkes (1970, 1983) outlines these phases: (1) shock/numbness, (2) yearning/seeking, (3) depression, and (4) reorganization.

A notable framework by Worden (1982) gives four tasks of grieving: (1) Accepting the reality of the loss; often there is disbelief when one hears about the death of a loved one. There are things that can facilitate this acceptance for example seeing the body of the deceased and the use of concrete language by others (2) Experiencing the pain of grief; the grieving person must be able to release their emotion and to express it. Others need to feel comfortable allowing them to do so; if they do not release this pain they may become

further depressed. (3) Adjusting to an environment in which the deceased is missing; as it is often the case that the griever's identity is wrapped up in the deceased person, it is therefore, important that the griever develop a new sense of self-worth. They need to try new things and pick up some of the pieces that the deceased used to do for them and (4) Withdrawing emotional energy and reinvesting it in another relationship. This is essentially the beginning of moving on with their life. The mourner must find an appropriate place, if you will, for the memories they have of the deceased and to move forward and begin to live their life without that person now.

Rando (1993) details *processes* rather than *tasks* as Worden described. This framework is not so definitive, it allows for movement and flexibility between the phases. The term "task" as used by Worden denotes a definitive moving forward before a person can reach the next "task"; in fact, Rando says that these steps are fluid and even occurring simultaneously at times. Also, the term "phase" connotes the idea that regression is allowable. There are three phases to this theoretical framework by Therese Rando.

The first is the *Avoidance Phase* in which the mourner comes to recognize their loss which includes acknowledging the death and understanding it. This acknowledgment includes viewing the deceased body. This is a ritual that helps to psychologically reinforce to the mourner that the person is dead. The mourner must also hear and understand the nature of the death.

The second phase is called the *Confrontation Phase* which is the point in which the mourner needs to experience the pain and to identify and grieve all of the secondary losses that also have incurred with the death. This is the point in the process where it is important that the mourner remember and access the relationship with the deceased including re-experiencing the emotions that coincide with the relationship. And finally, before moving

on to the last phase, the mourner must relinquish the old attachments that they have to both the deceased and to the life they had with them.

The third and final phase is called the *Accommodation Phase*. It is at this point that the mourner is ready to move forward into the world without the deceased and to make a 'new' place for themselves without that other person. They must find out who they are without the deceased person in their life; but this does not mean that they cannot cherish and hold onto the memories and feelings they had of the deceased. It just means that the mourner is able to "develop a new relationship with the deceased" (Rando, 1993, p. 45).

Rando's assessment that an individual's capacities to deal with grief should be taken into consideration. An example of how important a persons' own inner resources are in grief work is illustrated in the research that Caserta and Lund (1993) did on bereaved older adults to determine the main and interactive effects over time of the following resources: self-esteem, life satisfaction and competencies, and the duration of a self-help intervention on depression levels and unresolved grief. The sample was obtained via newspaper obituaries and contacted by researchers to see if they were interested in participating. Participants were selected from the four most urban counties in Utah. The total sample consisted of 339 participants. The respondents were married an average of 40.3 years prior to the death of their spouse. The study found that a persons own resources were in fact perceived to be more beneficial to them in coping with the loss of their spouse than that of a self-help support group. In fact, the self-help support groups only proved to be beneficial to those who did not possess one or more of the resources that usually facilitate adaptation (self-esteem, life satisfaction and competencies). Competencies referred to the ability to "recognize interpersonal problems, exercise self-control, express thoughts and feelings, cope with failure, adapt to changes, maintain a sense of humor,

utilize sources of help, identify resources, and set goals objectively” (Caserta & Lund, 1993, p. 623).

All of the literature describes grief as a highly individualistic process and advises not to expect a person to fit perfectly into a specific theory. We cannot assume that there is a “universal image of [a] grieving American. America is a blended society of many diverse racial, ethnic, and religious groups. To a large extent these groups have maintained their own identity and customs surrounding death and grief” (Cable, 1998).

If death is a natural part of the life cycle than why is it so painful for the surviving spouse? One reason is because a death brings about the loss of a human *relationship*. Bowlby (1969) said that affectional ties in humans are an innate need and in fact are a biological and a social imperative in the human being. We all form attachments to people, whether it is our mother, father, or spouse. This affectional tie is what attachment theory is based upon. Bowlby, a British psychoanalyst, initially applied attachment theory to the mother-infant bond. Bowlby talks about attachment as close human relationships and that the person we are most intimately involved with is said to be our primary attachment figure. Since, however, the idea behind attachment theory has been applied to adult relationships as well. Instead of attachment to parental caretakers, adult attachment is to peers of unique importance who are perceived as sources of strength. Weiss(1982) states that adult attachments and infant attachments are expressed in similar ways: (1) adults can display a need for ready access to the attachment figure and desire proximity to that person in stressful situations (2) display heightened comfort and diminished anxiety when in the company of the attachment figure; and (3) manifest a marked increase in anxiety on discovering the attachment figure to be inexplicably inaccessible.

Relationships develop over time and a bond forms between the individuals, therefore, these types of attachments are found regularly in relationships of central

emotional significance, such as marriages. Weiss (1982) also states that attachment is not the same as love and it is not present in all of an adult's emotionally significant relationships. Weiss outlines a series of provisions or needs that are normally met in relationships:

these include *attachment*, providing a sense of security and place; *social integration and friendship*, providing for shared concerns; *nurturing*, providing a sense of being needed; *reassurance of worth*, attesting to a person's competence; *a sense of reliable alliance*, providing dependable assistance; and *guidance*, so important in stressful situations ( Cited in Raphael, 1983, p. 4).

Weiss (1982) goes on to say that attachment is more reliable than sexual desire in couples because of its greater persistence, and it becomes increasingly persistent as the relationship becomes more established. "In the face of threat, attachment becomes more powerful, while sexual desire is apt to be suppressed. And while attachment resists redirection to others, sexual desire seems less resistant to attraction to others" (Germain, 1991, p. 164). Attachment is created by familiarity with the other person and closeness to them. For example, the adult couple engages in self-disclosure, exploration, intimacy, acceptance and adaptation, and fulfills certain roles for one another (Raphael, 1983). This shared closeness is one of the primary reasons that death is so painful for those left behind.

A longitudinal study (Middleton, Raphael, Burnett & Martinek, 1996) comparing bereavement phenomena in recently bereaved spouses, adult children and parents shows that bereavement phenomena is greatest for bereaved parents, secondly for bereaved spouses and thirdly for bereaved adult children. "The most intimate and intense relationships are those that are associated with the greatest grief when they are lost"

(Raphael, 1983, p. 4). Death is an inevitable part of the life cycle and we will all experience it. What makes the death of a partner even more difficult is that there are other, secondary, losses that accompany it:

the dissolution of such a relationship may involve not only the loss of intimacy and the ritual of interactions including frustrations and rewards, but there may also be, to some degree, a loss of some meaning one partner gave to the other, some loss or change in the sense of self as determined by the other (Raphael, 1983, p. 12).

In addition to attachment, one study shows that when people, particularly spouses, spend time with one another they begin to relate to one another similarly as is evident in a study by Kreitman (1970). The study interviewed sixty married couples and observed that the wives of neurotic husbands grew more neurotic than did those in a control group (Raphael, 1983). This study indicates that the individuals in the relationship are moving toward likeness rather than difference. Raphael says that relationships are reinforced by similarities rather than differences because these similarities reinforce the shared world of the couple. This shared world further cements the attachment between the individuals in the dyad.

### Gender Differences

Gender is another variable that much attention has been given to in the literature. Even in adolescence researchers have observed definite gender differences. For adults, Martin and Doka (1996) found seven characteristics to masculine grief: (1) feelings are limited or toned down; (2) thinking precedes and often dominates feelings; (3) the focus is on problem-solving rather than expression of feelings; (4) the outward expression of feelings often involves anger and/or guilt; (5) internal adjustments to the loss are usually

expressed through activity; (6) intense feelings may only be expressed privately and there is a general reluctance to discuss these with others; and (7) intense grief is usually expressed immediately after the loss, often during post-death rituals. Conversely, female griever often show these characteristics: (1) can express anguish in tears and laments; (2) socialized to be nurturing and empathetic; (3) are not afraid to discuss grief; (4) seek support; (5) have difficulty expressing anger; (6) are prone to guilty feelings; (7) are caregivers to friends and family; and (8) are keepers of the family circle (Sanders, 1995).

Gilbar and Dagan (1995) did a study on the differences between widow and widowers of deceased cancer patients. The research addressed whether the gender of the surviving spouse is relevant to the heightened risk of physical and mental illness and of mortality among the recently bereaved. The major disagreement in research, according to Gilbar and Dagan (1995), seems to be around how the male reacts to the death of their spouse. "Some studies have found that men reported more severe reactions than women to conjugal bereavement, greater social isolation and less emotional restitution. By contrast, other studies found that adjustment to loss is more rapid in men, reflected in higher rates of remarriage and less articulation of sorrow" (Gilbar & Dagan, 1995, p. 208). The study included 43 male patients and 24 female patients. These participants were interviewed three months to one year after the death of the spouse. One of the researchers hypothesis was that "females, who in our culture are traditionally rewarded for dependency on others, and who often are financially dependent on their husbands' income, would suffer greater life disruption following the death of a spouse than males, whose life training and role behavior generally favor self-sufficiency" (Gilbar and Dagan, 1995, p. 210). The study found that widows of patients who died of cancer suffer more than widowers. There were significant differences between widowers and widows in somatization, obsessive compulsion, interpersonal sensitivity, anxiety and phobic anxiety. There were, however, no differences

between widow and widowers in regard to depression. The researchers described three possible reasons why widows may experience more difficulties than widowers. The first is that a widow whose husband has died of cancer is under greater stress than a widower under similar circumstances; particularly because the burden of caregiving falls mainly on the wife. "The family, and the wife herself, regard the care of the male spouse as a direct extension of the tasks she performed during the couple's life together. Moreover, she usually has more time, because she does not have an outside job, therefore, her family helps her less" (Gilbar & Dagan, 1995, p. 213). A second explanation may cause a deterioration of the financial situation of the wife as a result of a significant drop in income. The researchers say that a drop in income due to the death of a wife is far less common. This drop in income contributes greatly to the stress of the widow. Lastly, an explanation may be loneliness:

although it is generally believed that women tend to have female friends with whom they share their feelings and with whom they can spend time, these relationships may be helpful in the short term but do not compensate for the frightening emotional void and sense of isolation generated by the death of a male spouse. This is because the women, and especially older women, tend to develop an emotional and social dependence upon their spouses that is greater than vice versa. This dependence, combined with other behavioral norms governing social life, impose constraints on women going out on social occasions either alone or with an escort (Gilbar & Dagan, 1995, p. 218).

#### Summary

Researchers know that the grieving process is purely individualistic and that many variables affect a person's capacity for coping and moving forward. From one study by



Caserta and Lund (1993) we saw that a person is better situated to handle the grieving process if they have a high number of inner resources that they can draw upon. Further, depending on the type of loss that a person has experienced they will experience different emotions and perhaps different behaviors that are specific to that grieving population. We also can see that there are definite gender differences and that the way in which a person grieves can be misunderstood by others who expect everyone to grieve in the same manner.

The literature provides many theoretical frameworks for grief work that can assist social work practitioners in understanding the process. Since grief is such an individual process, how can a practitioner be of assistance to their clients? Weinberg (1985) did a study testing what skills social work practitioners can offer as a benefit to their clients who are experiencing grief and loss issues. The students rated the extent to which particular social work activities would or would not have been helpful to them at the time of their loss. Weinberg wanted to know which variables were of greatest assistance to her sample population: verbal sharing, providing reassurance, giving quiet support, engaging in goal setting and referral activities, encouraging avoidance strategies, and the characteristics of the clients. The results showed that the following ranking was most to least helpful in their grieving process. The ranking, in order of helpfulness are: (1) verbal sharing; (2) giving quiet support; (3) engaging in goal setting and referral activities; and (4) encouraging strategies of avoidance.

Even though the literature offers practitioners tools to assist the bereaved, we also know that there is a gap in the literature, and that is that most of the classic grief and loss studies have been done on White, middle-aged widows or widowers who lost their spouses due to an accident, health related matter or natural causes. In addition, many of the studies were done on people who sought counseling or therapy. Future studies could include young, as well as culturally diverse persons who did not necessarily seek

supportive services. In regard to the research method itself, a more in- depth hermeneutic study of bereaved spouses could be done to discover the shared meanings and common experiences of losing a partner.

## CHAPTER THREE

### METHODOLOGY

#### Introduction

In this chapter, the methodology used to conduct the research is discussed. The literature review detailed many theoretical frameworks of grief; this study looks at an individual who suffered the loss of her partner and examines her experience. This research study uses an interpretative approach, called hermeneutics, to identify themes that stand out in the experience of losing a partner. As stated in the introduction, the purpose of this study is to describe the lived experience of a bereaved spouse and to understand the meaning of losing a partner. Hermeneutics takes everyday experiences and examines the complexity and meaning of them (Baker et al., 1998). This chapter contains the research question, prompts, philosophical background, design, participants, criteria for determining quality research, data collection, data analysis, and finally the protection of human subjects.

#### Research Question(s)

The research question was “What does it mean to have lost your partner?” This research question was operationalized with the following question and probes that were asked of the participant.

1. Tell me what it means to have lost your partner.
2. What stands out for you?
3. For instance?
4. Tell me more about that.
5. This is what I am thinking...what does it mean to you?

6. Tell me a time that you remember feeling like you were going to make it through this?
7. Can you clarify that?
8. Tell me a time that comes to mind to you that evokes having lost your partner.
9. What does it mean to you?
10. What was it like for you to have had this experience?

### Philosophical Background

This study used a qualitative method of research, called hermeneutics, to gather information in an in-depth interview of one person who had lost a partner. Hermeneutics is an interpretative approach to looking at everyday experiences. In the purest sense, hermeneutics was used to interpret historical texts, such as theological and legal texts. “Martin Heidegger (1889-1976) recast hermeneutics from being based on the interpretation of historical consciousness to revealing the temporality of self-understandings” (Fitzpatrick, 1997, p. 1). Hermeneutics is the research method of interpretation that derived from Martin Heidegger’s (1889-1976) philosophical writings.

The basic question that Heideggerian philosophy asks is What does it mean to be human? Heidegger claims that our ability to understand ourselves is rooted in our own definitions and derives from our own historical understanding which is composed of our background, pre-understandings, co-constitution, and interpretation (see Endnote 1). For Heidegger “the real question is not what way ‘being’ can be understood, but, in what way understanding is ‘being’. Understanding is no longer conceived of as a way of knowing, but, as a mode of being, as a fundamental characteristic of our ‘being’ in the world” (Koch, 1995, p. 831). The interpretive tradition strives to “disclose the relational and contextual nature of being -in-the- world through interpretation” (MacLeod, 1996, p. 135).

According to MacLeod, humans interpret everyday situations, understanding or making sense of them in order to act accordingly. To be human is to be interpretive. Researchers extend this fundamental way of being human in an attempt to understand more fully about human “being” by interpreting the meaning of particular phenomena or experiences (Baker et al., 1998).

Through Heideggerian hermeneutics the researcher has a reciprocal relationship with what is studied. The researcher engages in a process with the participant and is inevitably impacted by the interaction. The researcher both shapes and is shaped by the experience. The process is spiral and not linear; meaning that there is an exchange that is continually happening between the participant and the interviewer. The interviewer brings his or her own pre-understandings to the experience, so the process is not simply about acquiring new knowledge but acquiring/interpreting what the other person understands their world to be (Koch, 1995).

### Design

The researcher used a semi-structured interview format asking the main question “Tell me what it means to have lost your partner?” as well as the prompts as outlined above. The interview was 90 minutes in duration and was audio taped for transcription purposes. The strength of this study is the depth of material elicited from the participant. This interview provided a detailed story about the participant’s experience. Limitations include not being able to interview more than one participant due to the perceived reluctance of participants to volunteer due to the sensitive subject matter.

### Participants

Instead of “study population” the term “participant” will be used throughout this study because the goal in interpretive research is not to generalize findings from a sample group to a broader population but to better understand the experiences of the participant or

the phenomena of interest. This research study attempts to better understand the lived experience of losing a partner. The only requirement that I had for the participant was that her partner was lost a minimum of five years ago. I sought referrals from co-workers and acquaintances. A \$7.00 honorarium was given to the participant after the interview as a way of compensating the participant. The first people to contact me were the designated participants. Initially I had two participants but at the last minute one of the participants withdrew due to the sensitive nature of the interview.

### Criteria for Determining Quality Research

Standard scientific criteria for ascertaining research quality are not applicable in interpretive research. Rather, interpretive researchers have identified emerging criteria for evaluating quality in interpretive research. Lincoln (1995) describes eight emerging criteria: standards for judging quality in the inquiry community, positionality, community as arbiter of quality, voice, critical subjectivity, reciprocity, sacredness and sharing the perquisites of privilege. These criteria are “useful in that they suggest how qualitative researchers have gone about answering the criticisms of the conventional community” (Lincoln, p. 279).

Standards for Judging Quality in Inquiry Community-- This criteria outlines nine traits that an interpretive study should possess for it to be considered worthy of academic publishing. Because this study was done for fulfillment of my degree requirements and not for publishing this criteria was not applicable to this study.

Positionality--The term positionality refers to the belief that any text is always “partial and incomplete; socially, culturally, historically, racially, and sexually located; and can therefore never represent any truth except those truths that exhibit the same characteristics” (Lincoln, 1995, p. 280). Essentially, it means that we cannot try and generalize information gathered in a text to all similar individuals or groups across time and across contexts. The author must reveal their own convictions and stance regarding the

subject and then the work will be authentic and of quality (Lincoln, 1995). I tried to reveal my own convictions and stance regarding the subject in the first chapter of this study. I identified my background so readers can understand the lens (or position) through which the study is seen (interpreted). For instance, I spoke of my personal background being that of a grand-daughter of a man who lost his wife after 13 years of marriage.

Community as Arbiter of Quality--This term refers to the idea that the research being done is done within a broader community. And research is also done “because of the desire of those who discuss such research to have it serve the purposes of the community in which it was carried out, rather than simply serving the community of knowledge producers and policymakers” (Lincoln, 1995, p. 280). In addition to contributing to the understanding of the research community this research study serves the community of those losing a partner. Using the research method of hermeneutics, I gave my interpretations to one member of this community to read and to clarify, for me, her lived experience of losing a partner.

Voice--Voice is the idea that interpretive research “demands that the researcher be involved both with the ‘research subject’ and with changing those conditions that seek to silence and marginalize” (Lincoln, 1995, p. 282). Simply asking the participant to talk about her experience; sharing my experience, and being an engaged listener were ways I helped overcome the silence of bereaved spouses. This criteria is also exhibited in the study by the use of actual text excerpts from the interview with the participant. The information and insight gained from doing this research study will be utilized in my professional practice as a social worker.

Critical Subjectivity-- Critical subjectivity is “required to understand one’s psychological and emotional states before, during, and after the research experience” (Lincoln, 1995, p. 283). Hermeneutic researchers have been criticized for not bracketing

or disengaging from the study, and thus obscuring “the ‘correct’ interpretation or representation of what is” (Baker et al., 1998, p. 550). Baker et al. state that the fact that the researcher’s background and experiences are brought to the interpretations makes the study all the more meaningful. Critical subjectivity also encompasses the idea that the researcher is transformed and affected by the experience of the research project; in particular a “heightened self-awareness for personal... transformation” (Lincoln, p. 283). As a researcher, I tried to be very explicit about what my own issues are that I may have brought into the interview and interpretation. I identified my interests in the introduction and to my participant. I was aware going into the interview that I felt a lot of anxiety about asking such personal questions to a virtual stranger. I tried to remind myself that the participant volunteered to do this study and she was probably just as anxious about it as I was. By trying to make her comfortable I, in turn, was able to focus less on my own anxiety. It was difficult for me at times not to fall into “conversation” with the participant, to focus and ask the questions exactly how I had them in front of me. At the beginning of the interview the participant shared with me that her partner had been killed in a drug-deal. Previously, she had told me that he died in an accident. She explained that she almost always tells people it was an accident. She does this because she feels that people view the loss of her partner as less of a loss because he was involved in something that most people do not condone and is illegal. I admit that when she shared this information with me I felt taken aback as I, too, had made an assumption about his death. I had thought that perhaps he died in a car accident or some other misfortune. I, for a brief moment, did what she said others do when she tells them the truth, I thought, oh, well he was engaging in a dangerous activity, would could one expect? I mentally stepped back and told myself that the participant had lost not only a partner, but, also the social support that many others receive when there is a death. Lastly, I felt added pressure in the fact that this was my only



interview so I wanted to make sure that I elicited enough information from the participant for my research study.

Reciprocity--This form of research is a reciprocal process as both the subject and the researcher are in "relation" to one another (Lincoln, 1995, p. 283). This is a "person-centered" type of research; not only are we gathering information regarding the experience, but we are actually engaging in the research gathering process itself. This criteria was one of the attractions that the hermeneutic method held for me. During the interview I found myself connecting the literature to a person and her experience. I really experienced the participant as a "teacher" during the two hour interview. At one point in the interview the participant asked me a question regarding the literature on grief and I felt as if I had something to offer her as well. This gathering of information was a collaboration of effort on both of our parts.

Sacredness--Hermeneutics brings about a "spiritual, or sacred, side of science that emerges from a profound concern for human dignity, justice, and interpersonal respect" (Lincoln, 1995, p. 284). The relatedness between the subject and the researcher is not a relationship based on "unequal power, but on mutual respect, granting of dignity, and deep appreciation of the human condition" (Lincoln, p. 284). There were many times during the interview that I truly felt as if there was a mutual exchange of respect between the participant and myself. At one point in time I remember feeling privileged that she would give of herself so openly to me, a virtual stranger. The participant shared very personal and sensitive information with me. For that alone, I feel deep appreciation. For the ability to move forward after the loss of her partner, I feel admiration.

Sharing the Perquisites of Privilege--This criteria refers to the "debt [that interpretive researchers] owe to the persons whose lives we portray" (Lincoln, 1995, p. 285). Researchers have advantages that their subjects do not, for example claiming success

for the research information, when in fact it is the subject that is the real “producer” (Lincoln, p. 285). Because I am portraying the experience of the participant in my study I hope to share the findings with her. In regard to the “success for the research information” this study does help me to fulfill degree requirements for my Masters of Social Work. In addition, the study will shape me in my work as a practitioner with others who have experienced a loss in their lives. As this study will shape me, I hope in turn to shape others through my new understandings.

#### Data Collection

The first two people to respond to the study were contacted to be participants. A date and time that worked for both the researcher and the participant were set up, allowing at least a two hour window of time to complete the interview. As stated earlier, one of the participants withdrew from the study shortly before the interview was scheduled to take place. The interview was done at an agency called Cornerstone, a community based, non-profit agency located in Bloomington. The interview was held in a large, comfortable support group meeting room at one of their office locations. After reviewing and signing the consent form a 90 minute semi-structured interview was conducted. The interview was audio-taped with the permission of the participant for transcription purposes.

#### Data Analysis

The transcribed narrative was read and themes were identified. Data was constantly reviewed to see what stood out to me about the experience of losing a partner. Discussion took place between one of my thesis readers and myself regarding the themes within the transcribed narrative. Interpreted themes were supported by text excerpts and extended by findings in the published literature.

### Protection of Human Subjects

In order best protect the participant, this project got the approval of Augsburg College's Institutional Review Board, #99-19-3. Participation in this study was completely voluntary and the participant signed an informed consent. The participant was informed of the potential risks involved in the research such as bringing up painful emotions due to the loss. In this event, the participant was given a list of resources that she could utilize for support, including a crisis number. The interview was tape recorded for assuring accuracy. All references to names and places were assigned pseudonyms in the transcribed texts. The audio- tapes were kept in a locked drawer in the researcher's home, and will be destroyed by July 1999.

### Summary

This chapter discussed the methodology that was used in this study and included: research question, prompts, philosophical background, design, participants, criteria for determining quality research, data collection and data analysis. In addition, the actions taken to provide protection of human subjects were outlined. In the next chapter, the results of this study are presented.

## CHAPTER FOUR

### FINDINGS AND DISCUSSION

#### Introduction

This chapter will give a brief description of the participant. It will also provide an interpretation of her experience based on one theme, isolation, with reference to the literature on grief and loss.

Detailed throughout the participant's narrative is a continual theme of isolation, both unintended and deliberate. By isolation, I mean emotionally, physically and even geographically. Sanders (1999) says that feeling isolated and alone is a basic characteristic of every loss experience. As we will see, some isolating events were out of the participant's control and some events she created herself.

#### The Participant

The participant, Michelle, is a thirty-three year old, White female. Michelle met her partner, Steven, when she was seventeen years old. They were together for three years before he was killed. They had one child, Tanisha, who was a year old when he died; in addition the participant was pregnant with their second child, Tameka, at the time of his death. Michelle's partner was killed unexpectedly while dealing drugs.

#### An Experience of Isolation from the Community At Large

Michelle had previously told me that Steven was killed in an "accident". She revealed at the beginning of the interview that she usually tells people that it was an accident rather than tell the truth. Michelle stated that her perception when she tells the truth is that

people are less sympathetic toward her, as if they view the loss of Steven's life as less tragic.

I usually tell people that he died in an accident, I don't tell very many people at all the truth because if I tell them the truth, that he was murdered [in a drug deal], then they don't have as much sympathy.

Sanders (1999) talks about how after a homicide the community at large sets up a "protective shield" to somehow remove themselves from the tragedy. Families of the victims become isolated by the "finger-pointing" that is happening. The broader community seems to establish this isolation in order to somehow believe that this could never happen to them. "This response comforts people into believing that their own family is protected from such a horrible tragedy. This rationale perpetuates emotional distance and exclusion and leaves the survivors alone in their sorrow" (Sanders, 1999, p. 187).

#### An Experience of Isolation from Family of Origin

From the literature review in Chapter Two we saw that Weiss (1982) outlined a series of provisions or needs that are normally met in relationships including attachment and guidance. Michelle related how Steven guided her in reconnecting with her mother. She also states that she "never felt that kind of love" before.

I ended up getting pregnant and he was just thrilled about it and really reassuring...he was supportive. My mom was really discouraging [about their relationship]. The whole experience [medically difficult pregnancy] was really scary. I had never felt that kind of love and want from anyone before 'cause my family never showed it, that was very touching. Right before I went in for the operation to remove my gallbladder he said he was going to call my mom. I didn't want him to do that, and he really

encouraged me to do that, so I gave him the number and he um did call and talked to her and told her what was going on and I guess they had a really good conversation. After that she was talking to me and I couldn't believe what was going on, she was so against our relationship so that was it, like he was then like this great person in her eyes...I was just like well okay.

In this excerpt I interpreted Michelle as saying that Steven was able to help re-connect her with her mother, to bring the two of them out of their isolation from one another. Steven was able to do this by loving her and making her feel wanted. Steven provided Michelle with a sense of security that she had not felt before in her life. He also helped her through a stressful life situation and was able to facilitate communication between mother and daughter.

In the following excerpt Michelle tells us that once Steven dies the isolation from her family begins once again, starting with the funeral arrangements.

I wish someone would have talked to me about it [the funeral]. 'Cause you know I really didn't even understand what was supposed to happen, I just didn't know, I never had anyone die, I'd never went to a funeral, I just didn't know what I was supposed to be doing or what I was supposed to be thinking about or any of that. My family wasn't very helpful of course because now my mom was back in her vengeful thing where she just said "well you made you bed, sleep in it, I knew this was going to happen, he was a bad person for you to be with". She [Michelle's mother] went back into that way of thinking and was not supportive for me at all and um I was very devastated by that. I could not believe that this was the second time I felt in my life that I felt that my mom left me and did not take care of me like

I thought a mom should.

According to the literature, the reaction of Michelle's mother is not uncommon. Rando (1993) states that after the homicide of a loved one the survivor is frequently re-victimized by others reactions to the death, this is called a secondary victimization. Blame is a common reaction to survivors of violent crimes. Rando goes on to say that even if some of these attributions of blame are valid (i.e. the victim was involved in illegal activities), survivor's feelings of loss are not eliminated. The death of a loved one will bring pain and grief despite social approval of the demise or social devaluation of the victim (Rando, 1993, p. 548).

Michelle gives voice to the pain and grief as noted by Rando. Her story of grieving a socially devalued victim extends understanding of this phenomena.

After the death of Steven, Michelle, by her own choice has little or no contact with her family. However, after nearly three years of isolating herself and her children from her family she begins the return from isolation.

then I started missing my family and [thought] this is just crazy, why am I here by myself and why can't I have family around me?...I needed help and have two kids you know, things were coming up and I needed help, I needed someone to be there. Well, how am I going to do that, 'cause when I left my family I swore I was never going back, it was unfair what they did to me, and cruel, if they could turn away from me in a crisis. That was too cruel for me to accept. So I went to counseling

and started getting some therapy....I was in therapy for one year before I could call my mom. Tanisha and Tameka started realizing that there were other family members. When they were home with me we didn't have to deal with that but as soon as they went to school and found out that you know their friends went to their Grandma's and did this and did that then they had all sorts of questions. And so um I decided it would be best if for whatever kind of relationship I could have with my mother that I tried. And so I did. I, I went through great pain trying to establish a relationship with my mother and feeling comfortable with my surroundings....I [said to myself] I can't stay in this little cocoon I wanted to make for myself.

After a long period of isolation herself from her family, Michelle began "missing" them and recognized she "needed help" with her two children. Michelle sought counseling and "went through great pain" to reconnect with her mother.

Sanders (1999) says that at one point or another, almost everyone disengages from supportive friends or family for an impermanent period of time in order to complete the grief work necessary to gain renewed strength. Although Sanders was generally referring to a time frame of months, Michelle's three year disengagement appears to provide her with the strength necessary to reconnect her with her mother. Michelle shows us how re-engagement with family is possible despite a prolonged isolation from them.

#### An Experience of Denial/ Isolation As She Lost Her Partner

Kubler-Ross (1969) described five stages that are commonly associated with the grief process. The first of the five stages is called denial and isolation. She states that denial is a way for a grieving person to absorb the shock of the death and gives the grieving person time to collect themselves so they can physically and emotionally handle the



upcoming events. Denial is a psychological way of “isolating” oneself from the truth. Truth is commonly obtained through “answers”. But, as Michelle related, she did not have answers, only questions. Having questions, and needing “to find out exactly what was going on” were ways of denying for Michelle. She shows her denial of the situation as “this was not happening”.

I went to visit friends in another city and another friend called me up and said that Steven was dead. All I can remember is getting my things together and getting back to [city] to find out exactly what was going on ‘cause this was not happening....all kinds of questions that there were no answers to, nobody knew and I think that was the hardest part to have all these questions and no one knew the answers...I was pregnant at the time and everyone is really worried about me and all I wanted to know is what happened to him and I didn’t want them fussing over me and you know there was all of this, I wanted to be alone and there were people around me all of the time and I just was like, I just about went crazy.

Michelle related how she wanted and needed to isolate herself from everyone else. Perhaps this is in reaction to persons’ over concern because she was pregnant. However, Michelle also shows that having questions that no one could answer is an isolating experience contributing to denial of the truth that her partner is gone.

People commonly feel very alone when they have learned that their partner is gone. Not only are they physically alone but they also feel very emotionally alone. This was the person who perhaps knew their deepest secrets, the person with whom they shared intimate moments, who accepted and loved them for who they were. A person who perhaps gave their own life meaning and provided an identity for them. Raphael states that “the most

intimate and intense relationships are those that are associated with the greatest grief when they are lost” (Raphael, 1983, p. 4). Michelle related how she “hurt so much” after the loss of her partner.

before I moved to [state] I was still living with my friends...it was a night that I -I just didn't want to move on without him, I didn't want to go through the pain. I didn't want to feel anything, I just didn't want to live and I think um that was probably the worst that I felt. I was real glad that I was with friends because I think if I would have been alone I might of started thinking about killing myself but I just didn't. I hurt so much and kept thinking that life is going to be just too hard....I lost this man and ah that was so hard, I started to get into that you know just really feeling sad and weeping and I had his clothes, there were some clothes that smelled like him and so I would sleep with those. And all his possessions, I kept them, when I moved they went with me, I remember people thought that was absolutely crazy and I should just give them to Goodwill or something and I just thought that was all I had and I wasn't going to give it up.

Michelle shares that the clothing and possessions were “all that I had” left of the relationship with Steven. Keeping the possessions and sleeping with his clothes for a long period of time after he dies were ways Michelle kept Steven present in her life. By keeping Steven present to her she was denying his absence and isolating herself from the reality of his death. Perhaps she was not yet able to face the realization that the dreams they shared together would go unrealized. If the dreams were to be realized, it would mean that Michelle had to accomplish them on her own without Steven. As stated in the literature

review, young bereaved partners are often burdened with the added dimension of grieving what the future could have held for the couple.

#### An Experience of Isolation By Not Attending the Funeral

The literature speaks about the importance of viewing the body of the deceased and going through the funeral ritual. Rando (1994) suggests that funeral rituals meet several critical universal needs that exist at the time of death. One of the needs is that funerals offer social support through the gathering of family and friends. Another need is that it provides visual confrontation of the dead body. Funerals are also a rite of passage; a passage between the living and the dead (Sanders, 1999). As a rite of passage funerals help mark beginnings and endings in life and provide a sense of closure to death. Michelle was unable to attend the funeral of Steven and thus “didn’t have any visual information that it was true.”

His parents asked me if I wanted to have the [funeral] services here or in [city B, where his family was from in another state]. I said I don’t know, I can’t think, I just felt like I couldn’t deal with all of that so I just said “you know mom and dad you go ahead” and his mother took over the planning. I don’t know that I would have chosen to do anything differently for the funeral, but just to know the options, I didn’t even know, I just didn’t know. They were trying to figure out how to get his body to [city B] and make the funeral arrangements. Well then I was supposed to go to [city B] with some friends from where we lived for the funeral and at the last minute they backed out and said they weren’t going to go and I couldn’t find anyone that would take me to [city B] and I tried to call his relatives to see if one of them had not left yet and could I make arrangements to go with them and there was no one and then I couldn’t go to the funeral. And so this

whole time, before that I wanted to go and see his body and they said I couldn't do that because they needed to prepare his body and they were going to do that in [city B] since he was going to be buried there, so I didn't get to see him then and I thought "it'll be okay because I'll be at the funeral" and then I didn't get to see him at the funeral and so for me, I just was not going to accept that this was true, I didn't have any visual information that it was true, there was just nothing in me that was going to believe that this man was never coming back to me and um it was like being part of the world and not being, you know I would walk down the street and people would go by and the sun would be out, cars would go by and it was like I was there but I wasn't there and um all I could think about was that Steven was gone and how could that be, our daughter turned a year the day after he died and so I kept wondering how am I going to raise these kids.

This experience of not going to the funeral was not a self-imposed isolation on Michelle's part, but, nonetheless it was an isolation from the community of mourners. Sanders (1999) says that it is not uncommon that bereaved partners have difficulty in making funeral arrangements. However, funeral rituals are a means to bind mourners together in their common grief. The ritual serves to bring the grieving person back into the community with a "new identity, one that reflects the fact that the relationship with the deceased loved one has radically changed" (Rando, 1984, p. 183). Michelle was unable to partake in the very basic human need which is to share your grief with those that also loved the deceased. But Michelle does create her own grief rituals to comfort herself. Her rituals are very private and personal as opposed to the public rite of a funeral.

Night after night I would cry and go through this ritual, I would get the kids to bed and I would shut everything off and hold his clothing or something that belonged to him and I would just cry until I couldn't cry anymore or until I fell asleep whatever, and I did that for what seemed forever and then I just stopped.

Rituals "generate important strength from which we survive our personal losses and tragedies" (Sanders, 1999, p. 249). Although Michelle was isolated from partaking in the funeral ritual, which offers community support during her loss, she was able to create her own rituals to help alleviate some of the pain.

However, Michelle did have difficulty creating a new environment and reality for herself. Perhaps attending the funeral might have eliminated this difficulty. Funerals can also serve as a transition into the state of being without the loved one (Rando, 1984). Rando goes on to say that funerals can assist mourners in beginning to accommodate to the changed relationship between themselves and the deceased loved one. The relationship between the deceased and the mourner must move from one of presence to one of memory. But this did not happen for Michelle. She described how Steven stayed present for her.

I just kept thinking that the thing I needed to do was just get through each day until my child was born. I just went into this automatic pilot thing and I just did what I had to do and um I didn't think about how I felt or any of that, I just shut off my emotions and then the baby was born. She looked just like him and still does to this day so I just felt like he was still with me...With two kids, I felt like I never slept, I didn't have a social life because I moved away from most of my friends....When I had quiet time I kept thinking about these questions I had and what I

wanted to say to him, I just didn't want to let go so I started to say what would we do as a family if he were here? What would he tell me? And it was like he was walking with me through the next, I don't know how many months, I just always thought about what he would say to me, if I walked down the street and I saw something that I thought he would like I would think about things like that.

In saying how she "felt like he[Steven] was still with me" Michelle gives voice to what Lindemann (1944) describes in the literature as a sense of unreality. Lindemann states that being preoccupied with the image of the deceased and feeling that the deceased is somehow present are somatic symptoms of grief. This was Michelle's experience as is evident by her statements "it was like he was walking with me" and "I just always thought about what he would say to me".

#### An Experience of Geographic Isolation

Michelle found it difficult to remain in the same geographic location as when Steven was alive. Steven's ongoing presence in her life triggered a need to move and further isolate herself from society and the truth of his death.

And then I decided to move, Tameka was maybe 6-7 months [old], I felt that she was healthy, I was healthy so I decided to move to [another state]. Because I found it very difficult to be anywhere in [city where he was killed], because every street, every person I saw, if I go do laundry, we went to the Laundromat together, if I went grocery shopping, everything that we did, everything that was part of daily living, he and I did together so there were memories everywhere and I felt like I just couldn't cope with always having these memories there and that I wanted to move on and I

didn't know how to do that, but I knew that I couldn't do it there and so I did. I packed up everything we owned, rented a car, and I drove to [state] and I just picked a town on the map and went there and I had enough money saved up and got a motel room and then found a place month to month until I got into a house and the whole time I felt renewed, I felt like I had a fresh start, nobody knew me, they don't know what happened, I have my children and I can now live my life and make dreams and do things I wanted to do and Steven could come with...now I am living life for all of us...I did what I thought our plans originally were and [I thought] how could I still make those things happen without him? I did that I don't know, it seems like forever, it wasn't until I started working part-time as a waitress and taking care of my kids and all of a sudden I realized that I had made no friends and I had no adult interaction in my life other than doctors and my life really was in that house with those children. And it had been a long time, like over a year since I had had any interaction with society at all from what I could see.

Michelle's difficulty in accepting Steven's loss gives voice to Rando's (1984) definition of unanticipated grief. Unanticipated grief is experienced when the death is sudden and there has been no warning or preparation for the death. A person considered to have unanticipated grief will experience grief symptomatology much longer than usual (Rando, 1984). Rando goes on to say that

there is avoidance of confrontation with the loss. Although some of these responses are seen in all mourners, it is the persistence of these reactions that constitutes the pathological grief syndrome. Typically, the mourner

remains socially withdrawn, developing a sense of the continued presence of the loved one (Rando, 1993, p. 116)

Michelle demonstrates this when she shares that it was “over a year since I had had any interaction with society at all”. It could be possible that the emotional turmoil over the loss of Steven was too much for Michelle to handle and the act of withdrawing and isolating herself was a defense against the emotional upheaval (Sanders, 1999). Perhaps that defense could be seen as a strength for Michelle because in the long run, despite her isolation, she was able to hold a job, raise two children, reconnect with her mother and developed a strong spirituality.

### Summary

This chapter presented excerpts from the transcribed text from Michelle’s interview. It included one theme, isolation, and the ways it threaded throughout her experience of grieving the loss of a partner. The chapter also presented a discussion of the excerpts in relation to the literature on grief and loss.



## CHAPTER FIVE

### IMPLICATIONS

#### Introduction

This chapter will include strengths and limitations of the study, implications for social work practice and future research.

#### Strengths and Limitations of the Study

A strength of this study is that the participant was very “storied”, in that she shared information freely and I did not have to work very hard to get her to open up and share her story with me. Another strength is the qualitative design of the study as it offers a fair amount of depth on one person’s experience of having lost a partner. A third strength is that in not limiting the participant criteria to the first year of grief I was able to get a better perspective and thus able to find some positive themes. This might not have happened if I had limited my study to participants with more recent losses.

There are, however, several limitations to this project. The first limitation is the lack of quality equipment used to record the interview with the participant. At several points in the audio-tapes, the participant, as well as myself, are barely audible. This was due in part to the fact that the tape recorder was not a quality piece of equipment, thereby recording a great amount of outside noise and interference. The poor audio was a result of my not placing the tape recorder within close proximity to the participant and myself.

A second limitation of the project is that I am a novice researcher. It takes acquired skill to phrase each question so that it elicits meaningful information. In creating my research questions for the interview I worked with one of my thesis readers who is familiar with the hermeneutic method. She helped me to understand more fully that there were

“better” ways of asking the questions that would enable me to get at a greater meaning of the participants experience. However, due to my lack of skill at using this method there were points in the interview where I could have attempted to probe further, thereby eliciting a greater depth of meaning of the participant’s experience.

Knowing what I now know about the hermeneutic method I might have chosen to do things differently. For example there are some things that I could have done to ensure best understanding of my interpretation of the participants experience. First, I could have re-interviewed the participant to clarify areas that I questioned understanding or that I wanted to hear about in further details. For instance, once I read the transcript, I wanted to know more about her experience with telling people that Steven was killed in drug deal. I also could have given the interpretation to the participant and asked her for input and any clarification regarding what I had written.

Since taking this project on I have learned to appreciate the time consuming nature of quality research.

#### Implications for Social Work Practice

At some point in time, we will all experience the death of a loved one, perhaps even the death of a spouse or partner. This research project has given me and its’ readers an “inside” look at one person’s experience with losing a partner. The project depicted how isolating a death can be for a person. It raised questions about keeping the deceased present and how it can isolate the griever and prolong the grieving period. This study demonstrates, through its absence, the significance a community ritual such as a funeral can have on surviving the loss of a partner, particularly how important it is to view the deceased’s body.

### Future Research Studies

During the interview Michelle spoke of her increased spirituality that was a direct result from having had this experience of losing her partner. She was somehow able to make meaning of Steven's death. Future research could examine the positive effects that are a result from the loss of a partner.

Secondly, having completed this study I am now interested in learning more about secondary victimization. After a death by homicide responses by the friends and family in the survivors support system can revictimize that person (Rando, 1993). This observation by Rando raises the following questions for me. First, why is it that if a person dies in a socially unacceptable circumstance that disapproval is then taken out on the survivor? And secondly, why does society view a loss resulting from a homicide differently then they do for a loss resulting from an accident? For example, when Michelle said "I don't tell very many people the truth because if I tell them the truth, that he was murdered, then they don't have as much sympathy." I would support exploring this experience further using qualitative research.

## Endnotes

1

There are four terms that are central to Heidegger's philosophy: background, pre-understandings, co-constitution and interpretation.

Background--A person's background is that which is handed down to them at birth; it is their culture and their way of viewing and understanding the world. "This understanding determines what counts as 'real' for the person" (Koch, 1995, p. 831). Heidegger says that a person's background method of understanding is not something that can be made completely explicit (Koch, 1995).

Pre-understanding--This term describes the "meaning and organization of a culture which are already in the world before we understand" (Koch, 1995, p. 831). Because of this pre-understanding, Heidegger believes that each time a person encounters a new event in their life, they bring to the event their own unique pre-understanding. Pre-understanding cannot be eliminated; it is the structure for our 'being-in-the-world' (Koch, 1995).

Co-constitution--Co-constituting is the relationship between the person and their world. People are "being constructed by the world in which we live and at the same time constructing this world from our own experience and background" (Koch, 1995, p. 831). Heidegger says that we cannot separate the person from their world because "from the beginning the person is amongst it all, being in it, coping with it" (Koch, 1995, p. 831).

Interpretation--Heidegger "declares nothing can be encountered without reference to the person's background understanding, and every encounter entails an interpretation based on the person's background, in its historicity" (Koch, 1995, p. 831). Heidegger says

that we are self-interpreting beings, that “we are what we take ourselves to be and how we interpret ourselves in our practices” (Koch, 1995, p. 831).

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## APPENDIX A

## AUGSBURG INSTITUTIONAL REVIEW BOARD LETTER

MEMO

March 23, 1999

TO: Ms. Nichole Yager

FROM: Dr. Lucie Ferrell, IRB Chair

RE: Your IRB Application

I am writing in confirmation of the verbal IRB approval given you March 15, 1999. Your study, "Common Meaning and Shared Lived Experiences: A Hermeneutic Study of Bereaved Spouses," has IRB approval number 99-19-3. Please use this on all official correspondence and written materials relative to your research.

Your study should provide valuable insight into your topic and make a professional contribution. We wish you success in your endeavor.

LF:lmn

c: Dr. Maria Dinis



APPENDIX B  
RECRUITMENT SCRIPT  
IRB 99-19-3

Hi, my name is Nichole Yager. \_\_\_\_\_ has told me that you might be interested in participating in my research study. Have they told you anything about it? Well, let me tell you about this project. I am currently in my last year of a Master in Social Work program at Augsburg College. As a part of our program requirement we work on a research paper (thesis) in an area that is of interest to us. I have chosen the issue of grief and loss; specifically around the issue of bereaved partners. There is a lot of literature that explains what the grieving process is like; in fact, many outline specific steps and stages that people go through. But what I would like to find out is what the experience of having lost a partner has meant for you, what stands out for you and what it was like for you to have had this experience.

What the process would entail would be a 90 minute in-person interview in which I would ask you a few questions. I would like to audio-tape the interviews for transcription purposes. Of course, once I am through with my thesis, the tapes and papers would be destroyed for confidentiality purposes.

This is completely voluntary and there is no direct benefit to you. Is this something that you would be interested in participating in?

If yes, when is a good time for us to conduct the interview?

If no, thank you for your time.



APPENDIX C  
CONSENT FORM  
GRIEF AND LOSS: A HERMENEUTIC EXPERIENCE

IRB 99-19-3

You are invited to participate in a research study designed to look the lived experience of a bereaved partner. Participation is completely voluntary.

What will happen during this study?

The study consists of one audiotaped interview, lasting about 90 minutes. Interviews will be conducted by a Master of Social Work student who is working on her thesis. You will be asked to relate stories about what it was like to have lost your spouse. Once I have written your interpretation I may contact you to review the written text. Changes may be made to that interpretation to reflect your comments.

Are there any risks?

It is possible that through discussion and recollection of your story, painful memories or thoughts could occur. After the interview I will provide a referral for you to contact should the need arise.

Are there any benefits?

It is possible that you could experience some enhanced sense of well-being or sense of satisfaction as a result of telling your story. Also, participants will receive a personal gift worth \$7.00 after the study as an honorarium.

When and where will the interview be done?

The interview will be scheduled at a time and place that are convenient for you. Interviews will be done in person.

Who will have access to the interview material?

The audiotaped interviews will be transcribed by the researcher or a trained transcriptionist and then destroyed. If a trained transcriptionist is hired they will be required to sign a confidentiality form to ensure your privacy. Any identifying information from the interview, including your name, will be removed or altered on the written transcript. The transcripts will be shared with the researcher's thesis advisor during the process of writing the thesis. Transcripts will be identified anonymously with numbered codes. All information is confidential but is not anonymous. No names or identifiable information will be used in the study. Raw data (including the audiotapes) will be destroyed by July 1999.

What if you change your mind?

You are free to withdraw from this study or to refuse permission for the use of your interview or transcript at any time and the honorarium gift will be yours to keep. Your decision whether or not to participate will not affect our current or future relationship with Augsburg College.

**Before you sign this form please ask any questions on aspects of the study that are unclear. I will attempt to answer any questions you may have prior to, during, or following the study.**





AUTHORIZATION: I, \_\_\_\_\_, have read this consent form and decide to participate in the research project described above. My signature indicates that I give my permission for information I provide in the interview to be used for a thesis research project. You will be given a copy of this form for your records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

In addition: (1) I consent to be audiotaped. \_\_\_\_\_  
Signature Date

(2) I consent to the use of direct quotes from my interview.

\_\_\_\_\_  
Signature Date

If you have any questions or concerns you may reach me at:

Nichole Yager  
Augsburg College, MSW Student  
Business Phone: (612) 854-5539

Or if you need further information, you may contact my thesis advisor:

Maria Dinis, Ph.D.  
c/o Augsburg College  
Business Phone: (612) 330-1704



APPENDIX D  
INTERVIEW QUESTIONS  
To be asked by the researcher  
IRB 99-19-3

Main question asked:

1. Tell me what it means to have lost your partner.

Prompts:

1. What stands out for you?
2. For instance?
3. Tell me more about that.
4. This is what I thinking...what does it mean to you?
5. Tell me about a time that you remember feeling like you were not going to make it through this?
6. Can you clarify that?
7. Tell me a time that comes to mind to you that evokes having lost your partner.
8. What does it mean to you?
9. What was it like for you to have had this experience?

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